Sauk Valley Community College

DROP SLIP

Term_____

@ ☐ ☐ ☐ ☐ ☐ ☐ ☐

Student ID Number

Last Name _____ First Name _____

CRN				Course Code	Course Number	Section	Credit Hrs.	Reason for Drop
☐	☐	☐	☐	☐	☐	☐	☐	

_____   _____   ┌──────────────┐
Instructor Signature (Not required during refund period)   Date   └──────────────┘
                                                                 Last Date of Attendance (required)

_____   _____
Student Signature   Date

NOTE: Students withdrawing from ALL courses for the term must contact the Dean of Student Services.

_____   _____
Advisor Signature (If needed)   Date

Students receiving financial assistance or veteran benefits should consult the Office of Student Financial Assistance BEFORE making changes.

Return to the OFFICE of ADMISSIONS and RECORDS for processing.

For Office Use Only
  Admissions Staff _____   Total Hours after Change_____   Date Completed_____

03/2016

Sauk Valley Community College

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